## THE HARRISBURG AUTHORITY

## WATER SERVICE APPLICATION

ACCOUNT NAME:	ACCOL	NT ADDRESS:					
MAILING ADDRESS(IF DIFFERENT FROM ACCOUNT ADDRESS)							
PROPERTY OWNER:SOCIAL SECURITY NUMBER:	DATE OF BIRTH:						
PROPERTY NUMBER:	TELEPHONE NUMBER:INDUSTRIAL						
OTHER (SPECIFY): SERVICE LINE SIZE:							
SERVICE LINE SIZE: ESTIMATED MAXIMUM CONSUMPT DATE SERVICE REQUIRED:	ION:						
NEW CONSTRUCTION:YES SPECIAL:SWIMMING POO FOOD PROCESS	OWNERSHIP TRA DL SOR	NSFER: YES COOLING WATER OTHER(SPECIFY):	PROCESS				
By signing this Application, the applicant agrees to abide by The Rules and Regulations of The Harrisburg Authority, in particular the provisions governing the terms, conditions, fees and charges relating to water service.							
DATE	SIGNATURE OF APPLICANT						
APPLICATION REQUEST FOR WATER SERVICE ONLY MUST BE SUBMITTED AT LEAST SEVEN (7) DAYS BEFORE SERVICE IS REQUIRED. APPLICATION REQUEST FOR THE INSTALLATION OF A SERVICE LINE AND CONNECTION THERETO BY THE CITY MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE REQUESTED INSTALLATION DATE.							

WATER BUREAU USE ONLY						
INSPECTION DATE: METER SIZE: TAP SIZE: METER MAKE: TYPE (MATERIAL) OF SERVICE:		INSPECTOR:_ METER NUMB METER READ	ER:			
LOCATION OF SERVICE: CURB BOX TO GRADE: CURB BOX ACCESSIBLE: VALVE ON CURB SIDE OF METER: BACKFLOW PREVENTION INSTALLED:	YES YES YES YES	NO NO NO	TYPE:			

PLEASE COMPLETE AND RETURN TO:

DR. ROBERT E. YOUNG WATER SERVICES CENTER 100 PINE DRIVE HARRISBURG, PA 17103 717-238-8725

COPY 1: WATER BUREAU COPY 2: PROPERTY FILE COPY 3: CUSTOMER COPY COPY 4: REGISTRAR OF REAL ESTATE

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